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Bib Data Sheet

CONFIRMATION NO. 7420

SERIAL NUMBER 10/079,128	FILING DATE 02/20/2002 RULE	CLASS 379	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. 13944.112
APPLICANTS Danny L. Berlyoung, Akron, OH; Calvin E. Lewis, Copley, OH; Rodney A. Ross, Fairlawn, OH;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/961,532 09/24/2001 AND IS A CIP OF 10/000,543 10/23/2001				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/12/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 15	TOTAL CLAIMS 18
			INDEPENDENT CLAIMS 2	
ADDRESS SHANE H. HUNTER, ESQ MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C ONE FINANCIAL CENTER BOSTON ,MA 02111				
TITLE Multi-media communication management system with multicast messaging capabilities				
FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 7420

SERIAL NUMBER 10/079,128	FILING DATE 02/20/2002 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. 13944.112
APPLICANTS Danny L. Berlyoung, Akron, OH; Calvin E. Lewis, Copley, OH; Rodney A. Ross, Fairlawn, OH;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/961,532 09/24/2001 AND A CIP OF 10/000,543 10/23/2001				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/12/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY OH	SHEETS DRAWING 15	TOTAL CLAIMS 18
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
ADDRESS 024283				
TITLE Multi-media communication management system with multicast messaging capabilities				
FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	